



## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

03/23/98

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ->	NYR000051904
FACILITY NAME ->	MTA NYCT - LEXINGTON AVE 4 5 6 LINE
MAILING ADDRESS ->	10 COLUMBUS CIR 25TH FLOOR NEW YORK, NY 10019
INSTALLATION ADDRESS ->	LEXINGTON AVE & HARLEM RIVER & 33RD ST NEW YORK, NY 10016

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION II  
290 BROADWAY  
NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL  
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH  
RCRA NOTIFICATIONS

TO: JEHLE, WILLIAM  
CHIEF ENGR  
MTA NYCT - LEXINGTON AVE 4 5 6 LINE  
10 COLUMBUS CIR 25TH FLOOR  
NEW YORK, NY 10019

Please refer to the instructions for filling this form before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

# EPA Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification



B. Subsequent Notification  
(Complete Item C)

## C. Installation's EPA ID Number

NYR0000057904

## II. Name of Installation (Include company and specific site name)

LEXINGTON AVE 4/5/6 LINE

## III. Location of Installation Requires Building Number or Latitude and Longitude for processing.

Street

LEXINGTON AVE

Street (Continued)

HARLEM RIVER + 33RD STREET

City or Town

NEW YORK

State

Zip Code

10016

COUNTY

County Name

061

NEW YORK

## IV. Installation Mailing Address

Street or P.O. Box

10 COLUMBUS CIRCLE 25TH FL

City or Town

NEW YORK

State

Zip Code

NY

10019

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

JEHL E

(First)

WILLIAM

Job Title

CHIEF ENGINEER

Phone Number (Area Code and Number)

2123076010/5589

## VI. Installation Contact Address

A. Contact Address  
Location Mailing Other



B. Street or P.O. Box

10 COLUMBUS CIRCLE 25TH FL

City or Town

NEW YORK

State

Zip Code

NY

10019

## VII. Ownership

### A. Name of Installation's Legal Owner

MTA NEW YORK CITY TRANSIT

Street, P.O. Box, or Route Number

10 COLUMBUS CIRCLE 25TH FLOOR

City or Town

NEW YORK

State

Zip Code

NY

10019

Phone Number (Area Code and Number)

2123076010

B. Land Type

0

C. Owner Type

0

D. Change of Owner Indicator

Yes

No

Month (Date Changed) Day Year

From: Jack Hoyt, AAMD, EPA, Region 2, 290 Broadway, 22 Fl.  
New York, NY 10007-1866. Tel: (212) 637 4106

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to instructions)

A. Hazardous Waste Activity

B. Used Oil Recycling Activities

1. Generator (See instructions)  
a. Greater than 1000kg/mo (2,200 lbs.)  
b. 100 to 1000 kg/mo (200-2,200 lbs.)  
c. Less than 100 kg/mo (220 lbs.)

3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.  
4. Hazardous Waste Fuel  
a. Generator Marketing to Burner  
b. Other Marketers  
c. Boiler and/or Industrial Furnace  
1. Smelter/Referral  
2. Small Quantity Exemption  
Indicate Type of Combustion Device(s)  
1. Utility Boiler  
2. Industrial Boiler  
3. Industrial Furnace  
5. Underground Injection Control

1. Used Oil Fuel Marketer  
a. Marketer Directs Shipment of Used Oil to Off-Specification Burner  
b. Marketer Who First Claims the Used Oil Meets the Specifications  
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)  
a. Utility Boiler  
b. Industrial Boiler  
c. Industrial Furnace  
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)  
a. Transporter  
b. Transfer Facility  
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)  
a. Process  
b. Re-refine

ONLY FOR A

- a. For own waste only  
b. For commercial purposes

Mode of Transportation

1. Air  
2. Rail  
3. Highway  
4. Water  
5. Other - specify

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s)) ☒ D009 D008

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6
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X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature *William J. Eble*

Name and Official Title (Type or print)  
WILLIAM J. EBLE, P.E.  
CHIEF ENVR. ENGR

Date Signed  
3 / 12 / 98

XI. Comments

One Time Clean up - Mercury Vapor Lights  
Flourescent Lights

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)